

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/24/2001 00000005 09764919

| | |
|-----------|-----------|
| 01 FC:E01 | 255.00 GP |
| 02 FC:E03 | 26.00 GP |

01-19-01

PTO/SB/05 (08-00)

Please type a plus sign (+) inside this box ☒Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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A

01/17/01
1c965 U.S. PTOUTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

PATRICK FEIERABEND

Title

LOW INERTIA LATCHING MICROACTUATOR

Express Mail Label No.

PTO
09/764919
01/17/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 28]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. Oath or Declaration [Total Pages 5]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

Name

JAQUELIN K. SPONG

Address

16075 OVERLOOK DRIVE

City

LOS GATOS

State

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Zip Code

95030

Country

USA

Telephone

(202) 756-4213

Fax

(202) 756-4213

Name (Print/Type)

JAQUELIN K. SPONG

Registration No. (Attorney/Agent)

Signature

Jaquelin K. Spong

Date 11/1/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 391-

Complete if Known

Application Number

Filing Date

First Named Inventor

PATRICK FEIERABEND

Examiner Name

Group Art Unit

Attorney Docket No.

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

Deposit
Account
Name

☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Code (\$) | Small Entity Code (\$) | Fee Description |
|---------------------------|---------------------------|------------------------|
| 101 710 | 201 355 | Utility filing fee |
| 106 320 | 206 160 | Design filing fee |
| 107 490 | 207 245 | Plant filing fee |
| 108 710 | 208 355 | Reissue filing fee |
| 114 150 | 214 75 | Provisional filing fee |

Fee Paid

355

SUBTOTAL (1) (\$ 355-

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 24 | -20** = 4 | 9 | 36 |
| | -3** = | | |
| Multiple Dependent | | | |

| Large Entity Code (\$) | Small Entity Code (\$) | Fee Description |
|---------------------------|---------------------------|--|
| 103 18 | 203 9 | Claims in excess of 20 |
| 102 80 | 202 40 | Independent claims in excess of 3 |
| 104 270 | 204 135 | Multiple dependent claim, if not paid |
| 109 80 | 209 40 | ** Reissue independent claims over original patent |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 36-

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Code (\$) | Small Entity Code (\$) | Fee Description | Fee Paid |
|---------------------------|---------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 390 | 216 195 | Extension for reply within second month | |
| 117 890 | 217 445 | Extension for reply within third month | |
| 118 1,390 | 218 695 | Extension for reply within fourth month | |
| 128 1,890 | 228 945 | Extension for reply within fifth month | |
| 119 310 | 219 155 | Notice of Appeal | |
| 120 310 | 220 155 | Filing a brief in support of an appeal | |
| 121 270 | 221 135 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,240 | 241 620 | Petition to revive - unintentional | |
| 142 1,240 | 242 620 | Utility issue fee (or reissue) | |
| 143 440 | 243 220 | Design issue fee | |
| 144 600 | 244 300 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 710 | 249 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 710 | 279 355 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$

SUBMITTED BY

Name (Print/Type) JAQUELIN K. SPONG
 Signature Jaquelin K. Spong

Registration No.
(Attorney/Agent)

Complete (if applicable)

Telephone (202) 756-4213

Date 11/1/2000

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IP Solutions

Dr. Jaquelin K. Spong
16075 Overlook Drive
Los Gatos, CA 95030
(408) 395-9206

November 2, 2000

Assistant Commissioner
United States Patent and Trademark Office
Washington, DC 20231

Dear Assistant Commissioner:

Please find attached a complete utility patent application for **LOW INERTIA LATCHING MICROACTUATOR**. The following items are included in this transmission:

| | | |
|--|-------------|----------------|
| Declaration | PTO/SB/01 | 3 page |
| Declaration (Additional Inventors) | PTO/SB/02 | 3 page |
| New Utility Patent Application Transmittal | PTO/SB/05 | 1 page |
| Patent Application Fee Determination | PTO/SB/06 | 1 page |
| Assignment Papers | PTO/SB/15 | 8 pages |
| Assignment Recordation Cover Sheet | PTO/SB/1619 | 4 pages |
| Fee Transmittal | PTO/SB/17 | 1 page |
| Recordation Fee (check attached) | | 1 check- \$40 |
| Fee Transmittal | PTO/SB/17 | 1 page |
| Fee (check attached) | | 1 check- \$391 |
| Specification | | 28 pages |
| Drawings | | 9 pages |
| Self-addressed envelop | | 1 envelop |

Please return this cover letter in the self addressed envelop, as acknowledgment of receipt.

Sincerely,

Dr. Jaquelin K. Spong

Please type a plus sign (+) inside this box ☐

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number

Filing Date

First Named Inventor

PATRICK FEIERABEND

Group Art Unit

Examiner Name

Attorney Docket Number

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☒

Firm or
Individual Name

JAQUELIN K. SPONG

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16075 OVERLOOK DRIVE

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I am the :

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

JAQUELIN K. SPONG

Signature

Jaquelin K. Spong

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of _____ forms are submitted.

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